Spiritual Assessment and Provision: An audit of current practice

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Background

Assessment of patients’ spiritual needs and appropriate spiritual support is fundamental to holistic care, particularly towards end of life.

87% of patients believe spirituality to be important in their lives

73% of patients with terminal disease report illness has strengthened their spiritual lives

Spiritual support significantly associated with increased quality of life (p = 0.0003)

Merseyside & Cheshire Cancer Network (MCCN) implemented spiritual awareness education in response to a spiritual care audit (2006). The results of the second cycle of this supraregional audit of specialist palliative care (SPC) services are presented.

Method

3 part audit:
- telephone survey of spiritual care resources within specialist palliative care service
- web-based survey determining healthcare professionals perceptions of practice
- case note audit determining actual practice

Results

Telephone survey:
56% inpatients SPC units have a spiritual care policy, only 12% of community SPC services
100% of SPC hospital services and inpatient units have access to spiritual care providers, only 45% of those in community services

Case note audit:
120 sets of case notes reviewed
Spiritual needs recorded in 72%, ongoing spiritual care in 57%. Religious needs recorded in 47%, ongoing religious care in only 27%

Questionnaire
138 health care professionals responded.
More than 85% assess spiritual needs and 80% assessed religious needs some or all of the time.
Less than 10% use specific spiritual/religious assessment tools
More than 50% had participated in training specific to spiritual assessment.
Confidence levels in assessment and provision of spiritual care had improved since 2006 audit
There was improvement in confidence levels of those who had undergone spiritual care training (86%) compared to those who had not (57%)

Conclusions

• Community services appear to be under-resourced with respect to spiritual care support.
• Confidence in spiritual assessment and support has improved since the 2006 audit and appears to be greater in those who have undergone training.
• The poorest area of documentation is of religious need and ongoing religious care.

Outcomes

• MCCN guidelines for assessment and provision of spiritual care have subsequently been revised.
• Need for previously commissioned spiritual care training programme for MCCN confirmed

References: